

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

2003 — 23

2. STATE:

Florida

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.230

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ (6,970)

b. FFY 2005 \$ (6,714)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, pages 10 and 14
Attachment 3.1-B, pages 10 and 149. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 3.1-A, pages 10 and 14
Attachment 3.1-B, pages 10 and 14

10. SUBJECT OF AMENDMENT:

Prior Authorization of Therapy Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Comments will be forwarded when received

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mr. Bob Sharpe

14. TITLE:

Deputy Secretary for Medicaid

15. DATE SUBMITTED:

10/20/03

16. RETURN TO:

Mr. Bob Sharpe
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #8
Tallahassee, FL 32308

ATTN: Kay Newman

17. DATE RECEIVED:

October 22, 2003

18. DATE APPROVED:

December 23, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2003

21. TYPED NAME:

Hugh Webster

20. SIGNATURE OF REGIONAL OFFICIAL:

Ronald L. Murray for Hugh Webster

22. TITLE:

Acting Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS
UNDER 21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND:

7/1/98
(6d)

Respiratory Services

Medicaid recipients under the age of 21 may receive medically necessary respiratory therapy services which are reimbursable to Medicaid enrolled providers. Services must be prescribed in writing by the recipient's primary care physician (or designated physician assistant or advanced registered nurse practitioner) or a designated MD specialist. Services must be provided by a registered respiratory therapist who is licensed by the state of Florida, has met the requirements of 42 CFR 440.60 and has been enrolled as a Medicaid provider. The registered respiratory therapist must administer treatment according to the primary care provider's specific approved written plan of care and written prescription. Florida allows all eligible licensed registered respiratory therapists to enroll as providers to ensure freedom of choice of providers in accordance with 42 CFR 440.70.

Reimbursement for one evaluation or re-evaluation per recipient is allowed every six months. Respiratory therapy visits must be a minimum of fifteen (15) minutes in duration with reimbursement available for a maximum of two individual treatment sessions per day. Exceptions to these limitations may be made based on medical necessity.

Therapy treatments are subject to prior authorization.

Amendment 03-23
Effective 10/1/03
Supersedes 98-14

Approval DEC 23 2003

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Medically necessary occupational, physical and speech therapy services may be provided for recipients under 21 years of age. Therapy sessions administered to recipients on an individual basis must be a minimum of 15 minutes in duration with reimbursement available for a maximum of two individual treatment sessions per day. Speech therapy may also be administered in group sessions, provided that the group contains a maximum of six children, for a minimum of thirty (30) minutes per group. Therapy sessions are subject to prior authorization.

Evaluations for Augmentative and Alternative Communication (AAC) systems must be conducted and documented by the speech therapist. An initial evaluation as well as a follow-up evaluation upon delivery of the system are required to ensure appropriateness of the unit. Re-evaluation of both the unit and the user is required every six months. One initial AAC evaluation is allowed every three (3) calendar years. The follow-up/re-evaluations are limited to two (2) per calendar year. Exceptions to these limitations may be made based on medical necessity.

Fitting/adjustment/training sessions for AAC systems are limited to eight (8) 30 minute sessions per year, per device. Exceptions to these limitations may be made based on medical necessity.

Amendment 03-23
Effective 10/1/03
Supersedes 97-21
Approval ~~DEC 23 2003~~

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